

ETHICS ORDINANCE
DISCLOSURE FORM

NAME: Lindsey E Meek

ADDRESS: 224 1st Ave SW

CITY, STATE, ZIP CODE: Rochester, MN 55902

City of Rochester Employees:

1. What is your job title or position with the City of Rochester?
2. What city department is this position associated with?
3. When did you begin your employment?

City of Rochester Volunteers:

1. What is the board or commission on which you serve? Planning & Zoning Commission
2. When were you appointed to this position? Jan 2014

For the next set of questions, the word "interest" means a substantial financial interest through your ownership of stocks, bonds, notes or other securities. The word "interest" also includes an interest arising from blood or marriage relationships or close business or political association or other personal relationships. The phrase "doing business" means engaged in any contractual relationship with the City or making application for such relationship or for any relief or benefit available from the City including, but not limited to, variance, permit, license or plat approval.

(SEE REVERSE SIDE)

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1. Please list your interests in real property within the City of Rochester, other than your homestead. Complete on a separate page if necessary.

513 4th Ave NW, 519 4th Ave NW, 521 4th Ave NW, 115 6th St NW, 514 15th Ave SW,
930 19th St NE

2. Please list any interests you have in a business doing business with the City.

- Mayo Clinic facilities projects.
- I am a certified landlord with ownership (Kast Properties LLC) in rental properties, listed in above item #1.

3. Please list any interest you have in any business located within, or doing business in, the City.

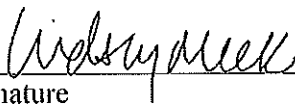
Same as #2 above.

4. List any and all employment. Mayo Clinic

5. List any and all community, civic, or nonprofit organization of which you are a member. If you also serve in any such organization in a leadership or decision-making capacity, please note that capacity. (Please attach a sheet if additional space is needed.)

Design Rochester, non-profit, Board Member
Downtown Neighborhood Association, Secretary

I hereby certify that the above information is complete and accurate.



Signature

6-13-16
Date

Please mail completed and signed form to:
Aaron Reeves, CMC, City Clerk, City Hall, 201 4th Street SE, Room 135
Rochester, MN 55904-3742
6.15.15